IN RE APPLICATION NUMBER: 09/375,901
TRANSMITTAL COVER LETTER FOR FACSIMILE TRANSMISSION
PLEASE DELIVER THE FOLLOWING PAGES TO:
Hon. Commissioner for Patents Washington, D.C. 20231
Attention: Examiner Krista Kieu-Oanh Bui
Group Art Unit 2611
FACSIMILE NUMBER: (703) 308-6306
THE SENDER IS: Alexander Shwarts Registration No. 47,943 FISH & NEAVE 1251 Avenue of the Americas New York, New York 10020-1104 Tel.: (212) 596-9000 Fax: (212) 596-9090
CLIENT NO. <u>03597.100</u>
CERTIFICATION OF FACSIMILE TRANSMISSION
I hereby certify that this paper is being factomile transmitted to the U.S. Patent and Trademark Office of the date shown below. August 28, 2001 Date TOTAL NUMBER OF PAGES, INCLUDING COVER LETTER: Alexander Shvarts
DATE: 8/28/01 TIME:
FACSIMILE OPERATOR: * * * * * * * * * * * * * * * * * * *
RETURNING THIS COVER SHEET TO US BY FACSIMILE (212 596-9090).
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Official

REV. 9/00

For Other Than A Small Entity

Docket No. UV-100 CPA

Applicant : Edward B. Knudson

Application No.: 09/375,901 Confirmation No.: 5773

Filed : August 17, 1999

For : APPARATUS AND METHODS FOR CONSTRAINED

SELECTION OF FAVORITE CHANNELS

Examiner : Krista Kieu-Oanh Bui

Group Art Unit : 2611

Hon. Commissioner for Patents

Washington, D.C. 20231

New York, New York August 28, 2001

TRANSMITTAL LETTER

Sir:

		: [X] a Preliminary Amendment;
[] a	Reply to Office Action;	[] a Supplemental Amendment;
[] a	a substitute Specification	; [] a Declaration; [] a
Suppl	lemental Declaration; []	a Power of Attorney; [] an
Assoc	ciate Power of Attorney; [] formal drawings; to be filed
in th	ne above-identified patent	. application.

FEE FOR ADDITIONAL CLAIMS

- [] A fee for additional claims is not required.
- [X] A fee for additional claims is required.

The additional fee has been calculated as shown below:

	AFTE	ININC	3 1 1	HIGHES' NUMBER PREVIOU PAID FO	USLY	_	PRESENT XXTRA	RATE	ADDITIONAL FEES
TOTAL CLA	IMS	48	-	28	*	=	20	X \$ 18	= \$360
INDEPENDE CLAIMS	NT	6	_	4	**	=	2	X \$ 80	= \$160
FIRST PRE			OF A	_				+ \$270	= \$
* If 1	ess t	han 2	20, 1	insert	20.			TOTAL	\$520

- ** If less than 3, insert 3.
- [] A check in the amount of \$____ in payment of the filing fee is transmitted herewith.
- [] The Director is hereby authorized to charge payment of any additional filing fees required under 37 C.F.R. § 1.16, in connection with the paper(s) transmitted herewith, or credit any overpayment of same, to deposit Account No. 06-1075. A duplicate copy of this transmittal letter is transmitted herewith.
- [X] Please charge \$520 to Deposit Account No. 06-1075 in payment of the filing fee. A duplicate copy of this transmittal letter is transmitted herewith.

EXTENSION FEE

[] The following extension is applicable to the Response filed herewith; [] \$110.00 extension fee for response within first month pursuant to 37 C.F.R. § 1.136(a); [] \$390.00 extension fee for response within second month pursuant to 37 C.F.R. § 1.136(a); [] \$890.00 extension fee for response within third month pursuant to 37 C.F.R. § 1.136(a); [] \$1,390.00 extension fee for response within fourth month pursuant to 37 C.F.R.

§ 1.136(a); \$1,890.00 within fifth month pursuant to 37 C.F.R. § 1.136(a).

- [] A check in the amount of [] \$110.00; [] \$390.00;
 [] \$890.00; [] \$1,390.00; [] \$1,890.00 in
 payment of the extension fee is transmitted
 herewith.
- [X] The Director is hereby authorized to charge payment of any additional fees required under 37 C.F.R. § 1.17 in connection with the paper(s) transmitted herewith, or to credit any overpayment of same, to Deposit Account No. 06-1075. A duplicate copy of this transmittal letter is transmitted herewith.
- [] Please charge the [] \$110.00; [] \$390.00; [] \$890.00; [] \$1,390.00; [] \$1,890.00; extension fee to Deposit Account No. 06-1075. A duplicate copy of this transmittal letter is transmitted herewith.

Respectfully submitted,

Alexander Shvarts Registration No. 47,943

Agent for Applicant

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